

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N35180 (1)**  
 1. Corporation Name  
**FRENCH INTERNATIONAL MISSION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>2000 MICHIGAN AVE.<br/>         LOT 86B<br/>         PENSACOLA FL 32526<br/>         US</b> | Mailing Address<br><b>2000 MICHIGAN AVE.<br/>         LOT 86B<br/>         PENSACOLA FL 32526<br/>         US</b> |
|---|---|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>11/09/1989</b> | 4. FEI Number<br><b>59-2978895</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>21 3100 Cedarwood Village Pl.</b> | 2a. Mailing Address<br><b>26 Cantonment Baptist Church</b> |
| Suite, Apt. #, etc.<br><b>22</b>                                       | Suite, Apt. #, etc.<br><b>27 P.O. Box 21</b>               |
| City & State<br><b>23 Pensacola, Florida</b>                           | City & State<br><b>28 CANTONMENT, FLORIDA</b>              |
| Zip<br><b>24 32514</b>   | Country<br><b>25 USA</b>                                   |
| Zip<br><b>29 32533</b>   | Country<br><b>30 ESCAMBIA</b>                              |

|  |   |
|--|---|
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>DAVIS, MORRIS RAY<br/>         101 MAGNOLIA AVENUE<br/> <del>101 MAGNOLIA</del><br/>         CANTONMENT FL 32533</b> |  |
|--|--|

|   |             |
|---|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |
|   | <b>FL</b>   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>DM</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>LAWRENCE, JOHN C.</b>                  |
| STREET ADDRESS             | <b>3100 CEDARWOOD VILLAGE PLACE</b>       |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                       |
| TITLE                      | <b>DS</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>TAYLOR, MICHAEL E.</b>                 |
| STREET ADDRESS             | <b>2272 ARGLE RD</b>                      |
| CITY-ST-ZIP                | <b>CANTONMENT FL</b>                      |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>DAVIS, MORRIS RAY</b>                  |
| STREET ADDRESS             | <b>101 MAGNOLIA AVE</b>                   |
| CITY-ST-ZIP                | <b>CANTONMENT FL</b>                      |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME                       | <b>HUGHEN, JAMES WILLIAM</b>              |
| STREET ADDRESS             | <b>311 BOOTH AVE</b>                      |
| CITY-ST-ZIP                | <b>CANTONMENT FL</b>                      |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Lawrence* **JOHN C. LAWRENCE** 1/27/98 (850) 477-8708

CR2E037 (10/97)